

**Effective December 8, 2004**

Application or Docket Number

10/540796

(Column 3)

(Column 2)

SMALL ENTITY  
TYPE ☐

**OF**

**OTHER THAN  
SHALL ENTITY**

**MULTIPLE DEPENDENT CLAIM PRESENT**

\* If the difference in column 1 is less than zero, enter "0" in column 2

**TOTAL**

03

Q

10

10

10

(Column 1)-

**(Column 2)**

(Column 3)

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM**

**SMALL ENTITY**

①

**OTHER THAN  
SMALL ENTITY**

**FREE**

1c

10

1c

10

**TOTAL ADJUSTED  
FEE**

### FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

**TOTAL ADDITIONAL FEE**

1.

1

1

1

**TOTAL ADDITIONAL FEE**

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the Highest Number Previously Paid For IN THIS SPACE is less than "20", enter "20".  
 \*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than "30", enter "30".  
 The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

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FORM PTD-675 (Rev. 02/2000)

C. Büet